

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gil Ben-Menachem et al.

Application No.: 10/550,907

Filed: September 27, 2005

Confirmation No.: 4584

For: CHOLESTEROL-CONTAINING
COMPOUNDS AND THEIR USE AS
IMMUNOGENS AGAINST BORRELIA
BURGDORFERI

Examiner: Sabiha Naim Qazi

Art Unit: 1612

Attorney Reference No.: 4239-68220-03

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AF, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent
for Applicant(s)

Date Mailed February 24, 2009

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COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. § 1.97(c)

Listed on the accompanying form PTO-1449 and enclosed herewith are two English-language documents. Applicants respectfully request that these documents be listed as references cited on the issued patent. This Information Disclosure Statement (IDS) is being mailed before Applicants received a final action, a notice of allowance, or an action that otherwise closes prosecution in the referenced application.

Submitted herewith is a check for \$180.00 as required by 37 C.F.R. § 1.17(p) for filing this IDS in compliance with § 1.97(c). Please charge any additional fees which may be required in connection with filing this IDS, or credit any overpayment, to Deposit Account No. 02-4550.


The filing of this IDS shall not be construed to be an admission that the information cited in the statement is, or is considered to be, prior art or otherwise material to patentability as defined in 37 C.F.R. § 1.56.

Respectfully submitted,

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TRANSMITTAL LETTER

Enclosed for filing in the application referenced above are the following:

- ☒ Supplemental Information Disclosure Statement
 - ☒ Form 1449 and references cited thereon
 - ☒ Check in the amount of \$180.00 for payment of the IDS fee
- ☒ The Director is hereby authorized to charge any fees that may be required, or credit overpayment, to Deposit Account No. 02-4550.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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